

Department of Environmental Protection
Solid & Hazardous Waste Regulation Element
Manifest Section
P.O. Box 421
401 East State Street
Trenton, New Jersey 08625-0421

"Request to Deactivate EPA ID Number"

EPA ID No. NJR 0000 22673

Company Name: Computer Sciences Corp

Site Address: 301 Harper Drive Moorestown
(street) (city / town)
NJ 08057 9 3201
(state) (zip code) (lot) (block)

Mailing Address: 304 W. Rt 38 P.O. Box 1038 Moorestown
(street / P.O. box) (city / town)
New Jersey 08057
(state) (zip code)

Company Contact: Sam Kirchmann 856-252-3911
(name) (area code and phone number)

Reasons for deactivating EPA ID No. (Check all appropriate boxes.)

<input type="radio"/>	The EPA ID number was obtained for a one time cleanup which is completed.
<input type="radio"/>	The site has completed an ECRA cleanup (indicate ECRA Case #)
<input type="radio"/>	Other <u>Duplicate -- see NJX000327932</u>
<input type="checkbox"/>	
<input type="checkbox"/>	

Is the site presently occupied? (circle yes or no)

Sign and date the application below, and retain the last page (pink copy) for your records.

SAM KIRCHMANN Sam Kirchmann
(printed name) (signature)
Facilities Mgr. 4/4/08
(title) (date)

Submission of false information is a violation of N.J.A.C. 7:26-5.6 and N.J.A.C. 7:26-7.3.

copies: NJDEP/DSHW Manifest section (address above)

Applicant is to keep a copy

*deact
4/8/08
BN*



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

01/19/98

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJR000022673

FACILITY NAME -> COMPUTER SCIENCES CORP

MAILING ADDRESS -> 304 W RTE 38 PO BOX 1038
MOORESTOWN, NJ 08057-0902

INSTALLATION ADDRESS -> 301 HARPER DR
MOORESTOWN, NJ 08057-0902

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
290 BROADWAY
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: BRIGHTLY, KATHERINE
SECURITY ADMIN
COMPUTER SCIENCES CORP
304 W RTE 38 PO BOX 1038
MOORESTOWN, NJ 08057-0902

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0028 Expires 10/31/99
GSA No. 0246-EPA-OT

Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒ A. Initial Notification

☐ B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

NJ R 0000 00207

II. Name of Installation (Include company and specific site name)

C O M P U T E R S C I E N C E S C O R P O R A T I O N

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

3 0 1 H A R P E R D R I V E

Street (Continued)

City or Town

M O O R E S T O W N

State

Zip Code

N J

0 8 0 5 7 - 0 9 0 2

County Code

County Name

0 0 5 B U R L I N G T O N

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

3 0 4 W E S T R O U T E 3 8 P O B O X 1 0 3 8

City or Town

M O O R E S T O W N

State

Zip Code

N J

0 8 0 5 7 - 0 9 0 2

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

B R I G H T L Y

K A T H E R I N E

Job Title

Phone Number (Area Code and Number)

S E C U R I T Y A D M N

6 0 9 - 2 3 4 - 1 1 0 0

VI. Installation Contact Address (See instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box

☐

☒

City or Town

State

Zip Code

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

Street, P.O. Box, or Route Number

City or Town

State

Zip Code

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)
Month Day Year

P

P

Yes

☒

No

NJR 0000 224 73

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Deferral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Recycling Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)
- a. Transporter
- b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-refine

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable
(D001)☒2. Corrosive
(D002)☒3. Reactive
(D003)☐4. Toxicity
Characteristic☐

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

D 0 0 8

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1
F 0 0 3
7

2
8

3
9

4
10

5
11

6
12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1

2

3

4

5

6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Katherine J. Brightly

Name and Official Title (Type or print)

Katherine J. Brightly
Security and Safety Administrator

Date Signed

January 7, 1998

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

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Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)**I. Installation's EPA ID Number (Mark 'X' in the appropriate box)**☒ A. Initial Notification☐ B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

II. Name of Installation (Include company and specific site name)

C O M P U T E R S C I E N C E S C O R P O R A T I O N

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

3 0 1 H A R P E R D R I V E

Street (Continued)

City or Town

M O O R E S T O W N

State

Zip Code

N J

0 8 0 5 7 - 0 9 0 2

County Code

County Name

0 0 5 B U R L I N G T O N

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

3 0 4 W E S T R O U T E 3 8 P O B O X 1 0 3 8

City or Town

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State

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Name (Last)

(First)

B R I G H T L Y

K A T H E R I N E

Job Title

Phone Number (Area Code and Number)

S E C U R I T Y A D M N

6 0 9 - 2 3 4 - 1 1 0 0

VI. Installation Contact Address (See Instructions)

A. Contact Address

Location

Building

B. Street or P.O. Box

City or Town

State

Zip Code

VII. Ownership (See Instructions)**A. Name of Installation's Legal Owner**

C O M P U T E R S C I E N C E S C O R P O R A T I O N

Street, P.O. Box, or Route Number

2 1 0 0 G R A N D A V E N U E

City or Town

E L S E G U N D O

State

Zip Code

C A

9 0 2 4 5 -

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner

Indicator

(Date Changed)

Month

Day

Year

3 1 0 - 6 1 5 - 0 3 1 1

P

P

Yes

☒

No

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1. Ignitable (D001) ☒ 2. Corrosive (D002) ☒ 3. Reactive (D003) ☐ 4. Toxicity Characteristic ☐ (List specific EPA hazardous waste number(s) for the Toxicity characteristic dominant(s)) D 0 0 8

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1 F 0 0 3	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6
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X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Katherine J. Brightly

Name and Official Title (Type or print)

Katherine J. Brightly
Security and Safety Administrator

Date Signed

January 7, 1998

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